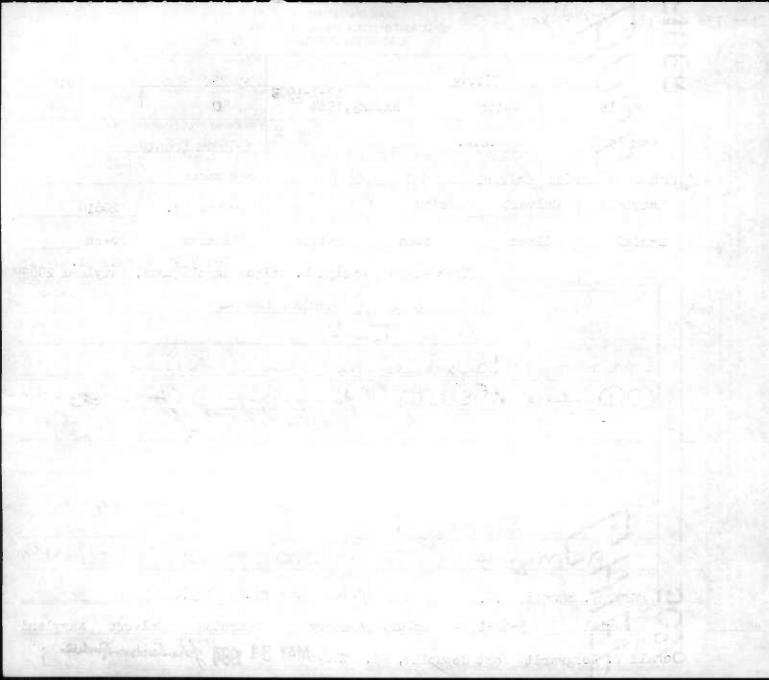
FOR STATE REGISTRAR		DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 84 13	5-76
I. DECEASED NAME	FIRST	MIDDLE	LAST	26 DATE OF DEATH	DAY YEAR 26. HOUR
	Willia		BLAIR	May 31, 1984	
3. SEX male	4. RAC	Unite	5. DATE OF BIRTH MONTH DAY YEAR 9 18	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
In. BIRTHPLACE (STA		TIZEN OF WHAT COUNTRY?	9	9. BALTIMORE CITY OR COUN	
Tennes.		JS/A	MARRIED NEVER MARRIED WIDOWED DIVORCED	Calvert	MD.
Prince Fre	(1	NAME OF HOSPITAL, NURSING FNOT IN SUCH FACILITY, GIVE STREET A Calvert Memori	SHOME OR OTHER INSTITUTION DDRESS) al Hospital	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	G LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (130. STATE 14. FATHER'S NAME FIRST		INSTITUTION, GIVE RESIDENCE BEFORE	(DMISSION)	130.STREET ADDRESS / ZIP CO	401161
William	Thon		sr. Eula	ADDRESS	Forbes
16a WAS DECE ASED (YES, NO OR UNKNOV		OR DATES)	-		re as # 13
Conditions, if gove rise to couse (o), underlying	ony, which immediate stating the couse lost.	(b)	NCE OF	minal disease or condition	GIVEN IN PART 110
19a DATE OF O	PERATION	% CONDITION FOR WHICH	DPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES PENDINGNO 2
		TIB. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART ?}
OR CONTRIBUTION (IF EITHER, NOTH 21d, INJURY OF		1e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FA	RM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a certify the saw the obove, (1)	ot (1) (this hospital) a eceased alive an we) (did) (did not) view	Hended the deceased from 19 8 v the body after death.	4, and that in (my) (our) apinio	n death accurred on the date and	
Eliza	both an			MEDICAL STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED
	SNAME (TYPE OR PRINT beth Ann	e Spitzer, 1	1.D. Owings,	Maryland 20	736
236. BURIAL, CREMA (SPECIFY) BU	rial 236		AME OF CEMETERY OR CREMATORY WHEN MEMORIAL	DUNKITK C	alvert Ma,
24 FUNERAL DIRECT	Funeral H	lome ADDRESS OWIN	75, Nd. 250, DJ	N 6 1984	MIRAL SHE MANUAL SHEET

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	ADITAL OR ATTENDING DWYSICIAN. The low requires that the death catefoots he evented within 24 hours after deat
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JIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	+
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Item 13e p	er	ph. 6/7/8	4 k	g	DEPARTI		E OF MARYLAND BEALTH AND MENTAL HYG	IENE			
	1 -	STATE REGISTRAR			Val Anni		ICATE OF DEATH	8 REG. NO.	1 3	5 7 1	
(B.)		CE ASED NAME OR PRINT)	FIRST		MIDDLE	100	LAST	20 DATE OF DEATH MO	NTH DAY Y	YEAR 25. HOUR	Т
			Ruth	01	ivia		BOWEN	May 25, 1984		3:50 ^A	M
Poge 4 ma I director, phours after	3. SE	Female		A RACE White			DF BIRTH12-2-1903	6 AGE (IN YEARS LAST BIRTHDA		TYEAR IF UNDER 24 HR. DAYS HOURS MIN	
# 72 m		RTHPLACE (STATE OR FO	DREIGN]		WHAT COUNTRY?	8. MARRIE WIDOW	D NEVER MARRIED 20	9 BALTIMORE CITY OR C			MD.
by the fune by the fune filed within	100	ince Freder		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET T. Memoria	ADDRESS)	or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Home maker	12b. K	(IND OF BUSINESS C JSTRY)R
ly filled in should be feelings be	USU	AL RESIDENCE 1# NURSIN		OTHER INSTITUTION	Barstow	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZI Barstow Md.	P CODE	0610	
completely I and 2 sh		THER'S NAME		MIDDLE SON	Bow	en	15. MOTHER'S MAIDEN NAME NETTIE			wen	
Pages		VAS DECEASED EVER II VES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	217-36-6		17 INFORMANT Evelyn B. Wil	Box 3195 lson Huntingt	Bayside own, Ma	e Rd. ryland 206	53
retrificate bag physicia ban papers. remaval.		18. CAUSE OF DEATH PART I. DEATH WA	S CAUSED	y one couse per DBY: E CAUSE (o)	Do SSil	le	Myocand	lial	BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH	н
i that the death ce id by the ottendin lease remove carb iol, cremation, arr or ather traumatic		Conditions, if ony,		DUE TO, O	R ASSA CONSEOU		in O		,0	minule	b
that the d by the ease rem ol, cremo		cause (a), stating underlying cause		DUE TO, Q	ASACONSEOU	Cles	The Alex	ne Dis	ieane		
quires signe then p ta bur njury,	NOI	PART 2 OTHER SIGN	IFICANT C	les n	Nellil	4	Duysale	nri- (3) (rebou	lascul &	Je.
N. The law re hysicion. icate has been reasit permit. 1 Hygiene prior 18 shows ony ii	CERTIFICATION	19a. DATE OF OPERATI		196. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	YES NO	YES [FINDINGS USED AUSES OF DEATH? NO [
PHYSICIAN: The ending physicion this certificate I the burial-transit and Mental Hygie d ar Item 18 shq		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEAT	111	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR P	ART 2)	
	MEDICAL	21d. INJURY OCCURRE	E 🗍	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TOWN	cour	NTY STATE	
pital TOR: far us af He		22a I certify that (I) (saw the deceased above, (I) (we) (di	d alive on_	5/	25 19	54,0	nd that in (my) (our) opinion	to, to	and hour and Ire	, that (I) (we) lo	ost
o be		22b. SIGNATURE	Im	unsh	ر		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	_ <	DATE SIGNED	4
HOSPITAL med by the FUNERAL JID be deto	1	22d. PHYSICIAN'S NA	ME (TYPE OF	R PRINT			22e. ADDRESS				
TO HOSPITAL retained by the TO FUNERAL should be detroight with the State with th		Anwar T.						rick, Marylar	d 20678		
BP	230. 6	BURIAL CREMATION, R SPECIFY Burial	EMOVAL	236. DATE 5-27-:			Cemetery or CREMATORY	23d LOCATION CITY OF TOWN Barstow	Calvert	Marylan	nd
DHMH - 16 50M 4/83 (VRA 15, 4)		nald V. Bor	gward	it Por	t Republi	c, Mc		E REC'D. BY REGISTRAR 256.	REGISTRAR'S SI	CNATURE CONDUCTOR	



	STATE OF N
FOR	DEPARTMENT OF HEALTI

MARYLAND U AND MENTAL HYC

IENE O Ji	1	7		7	Q
REG. N	10.	0	2		0
20. DATE OF DEATH	MONTH	DAY	YEAR	2b H	OUR
M 15	100	Λ.		10	1 =

REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.) 2	
DECEASED NAME	FIRST	MIDDLE	t/	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TYPE OR PRINT)	Mary	Ruth	BOV	WLEY	May 15.	1984		6:15
3. SEX		I. RACE	5. DATE O		6. AGE IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 2
X Fen	ale	White	Augu	ist 8,1915	.68	YRS.	NIHS DAYS	HOURS
7g. BIRTHPLACE (ST		L CITIZEN OF WHAT COUNT	TDV2 8		9. BALTIMORE CITY O		FDEATH	
Alabama		U.S.A.	MARRIEI	NEVER MARRIED	Calve			
10 CITY OR TOWN O	DE DEATH 1	11. NAME OF HOSPITAL, NU	JRSING HOME O		12a USUAL OCCUPATI		17h. KIND (OF BUSINES
Prince Fre	derick	Calvert Me	morial		Seamstress	F WORKING LIFE)	INDUSTRY	
Maryland	13b COUNT			13d INSIDE CITY LIMITS?	Box 47 Pat		Ave.	20615
14. FATHER'S NAME	Jazri	CLO PLOOMO	o I o I an I	15. MOTHER'S MAIDEN NA		JUNEAU .	216.	2001)
George		ee Mu	rphy	Virginia	WIDDLE	C+	Tohn	
160 WAS DECEASED			SECURITY NO.	17. INFORMANT	Lee		.John	
(YES NO OR UNKNO		WAR OR DATEST		Floyd W. Bowl	ley same	as # 1	3	100
	DEATH (Enter only ATH WAS CAUSED	y one couse per line for (o), (b), and ici.i				APPRO: BETWEEN	NIMATE INTERV
gove rise t	f ony, which o immediate stating the couse lost.	DUE TO, OR AS A CONS	EQUENCE OF	of the	laur			1168
gove rise to cause (a), underlying	o immediate stating the couse lost.	DUE TO, OR AS A CONS	EOGENICE OF		200 AUTOPSY?	20b. IF YES, V	VERE FIND	INGS USED S OF DEATH
gove rise to cause (a), underlying	o immediate stating the couse lost. R SIGNIFICANT CO	DUE TO, OR AS CONSI	EOGENICE OF	N WAS PERFORMED	200 AUTOPSY?	ZOB. IF YES, VIN CERTIFYII	VERE FINDI NG CAUSE	INGS USED
gove rise to cause (a), underlying PART 2. OTHE 19a DATE OF C	o immediate stating the couse lost.	DUE TO, OR AS CONSI	E TO DEATH BUT		200 AUTOPSY?	ZOB. IF YES, VIN CERTIFYII	VERE FINDI NG CAUSE	INGS USED S OF DEATH
gove rise to cause (a), underlying PART 2. OTHE 19a DATE OF C	o immediate stating the couse lost. R SIGNIFICANT CO PERATION VAS UNDERLYING G	DUE TO, OR AS CONSI	EOGENICE OF TO DEATH BUT HICH OPERATION DAY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	VERE FINDI NG CAUSE	INGS USED S OF DEATH
PART 2. OTHE 19a DATE OF C 21a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT 21d. INJURY O	o immediate stating the couse lost. R SIGNIFICANT CO PERATION VAS UNDERLYING G	DUE TO, OR AS CONSI (c) ONDITIONS CONTRIBUTING 196 CONDITION FOR WI AND THE OF INJURY HOUR A.M. MONTH P.M.	EOGENICE OF TO DEATH BUT HICH OPERATION DAY YEAR 19	N WAS PERFORMED 21c. HOW INJURY OCCURI	ZOO AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, V IN CERTIFYII YES	VERE FINDING CAUSE	INGS USED S OF DEATH NO
gove rise of cause (a), underlying PART 2. OTHE 19a DATE OF C 21a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT 21d INJURY O WHILE AT WORK	o immediate stating the couse lost. R SIGNIFICANT CO PPERATION VAS UNDERLYING CAUSE OF DEAT FOR MEDICAL EXAMINER) CCURRED NOT WHILE ALWORK	DUE TO, OR AS CONSI	EQUENCE OF TO DEATH BUT HICH OPERATION DAY YEAR 19	N WAS PERFORMED 21c. HOW INJURY OCCURI	ZOO AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, V IN CERTIFYII YES	VERE FINDING CAUSE	INGS USED S OF DEATH NO
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gove rise of cause (a), underlying PART 2. OTHE 19a DATE OF C 21a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT 21d INJURY O WHILE AT WORK 22a.1 certify the sown the contribution sown the contribution	O immediate stating the couse lost. R SIGNIFICANT CO PERATION VAS UNDERLYING GAUSE OF DEAT FY MEDICAL EXAMINER AL WORK hot (1) this hospitt leccosed alive on well-diddid not on growth the conference of t	DUE TO, OR AS CONSI (c) ONDITIONS CONTRIBUTING 19b. CONDITION FOR WI 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 FFICE, FARM, ETC.)	211. LOCATION STREET 7 19 and that in (my) (our) opinion DEGREE ATTEMPLING	ZOO AUTOPSY? YES NO CENTER NATURE OF INJU CITY OR TO	20b. IF YES, VIN CERTIFYII YES BY IN ITEM 18 PARI	VERE FINDING CAUSE TOR PART 2) COUNTY	INGS USED S OF DEATH NO STORES OF DEATH NO STORES OF DEATH NO STORES OF THE NO.
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gove rise to cause (a), underlying PART 2. OTHE 19a DATE OF C 21a. ACCIDENT NOR CONTRIBUTION (IF EITHER, NOT 21d INJURY O 22a. I certify to sow the control of control 22b. SIGNATU 22d. PHYSICIA Kiour 23a. BURIAL, CREMA (SPECEY)	O immediate stating the couse lost. R SIGNIFICANT CO OPERATION VAS UNDERLYING CAUSE OF DEAT FOR MEDICAL EXAMINER? CCURRED NOT WHILE CAUSE of DEAT (We) (did) (did not) RE N'S NAME (TYPE OR MAYOR Y AZ	DUE TO, OR AS CONSI (c) ONDITIONS CONTRIBUTING 19b CONDITION FOR WI THE OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF OI) oftends to be definitely of the control of the contr	EQUENCE OF TO DEATH BUT HICH OPERATION DAY YEAR 19 FFICE, FARM, ETC.)	211. LOCATION 211. LOCATION STREET 19 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS Huntingtow	Z00 AUTOPSY? YES NO CHITY OR TO CHITY OR TO CHITY OR TO MEDICAL STA DIRECTOR PHYSIC M. MD 2063	20b. IF YES, VIN CERTIFYII YES RY IN ITEM 18 PARI	VERE FINDING CAUSE TOR PART 2) COUNTY	NGS USED S OF DEATI NO

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been righted by the attending plysician and completely tilled in by the should be detached for use as the busial-transit permit. Then please remove carbohapeth. Pages 1 and 2 should be tilled wit with the State Dept. of Health and Mental Hygiene prior to busial, cremation, or removal.

ATTENDING PHYSICIAN, The

TO HOSPITAL OF

Donald V. Borgwardt Port Republic, Md. 20676

MIAI 1 0 1904

total and the state of the stat The law thereto y well and the best to could be did not be to be a could be to be a could be to be a could be George Ces Tales of Carron Car I a ser a ser proper a l'out l'ille l'est deoth

ATTENDING

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

7a. BIRTHPLACE

130 STATE

4. FATHER'S NAME FIRST William

(YES, NO OR UNKNOWN)

no

and 2 should

Pages

please prior to burial,

hos been signi permit. Then p

should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene

DIRECTOR

MPORTANT: If them 21 is marked as

injury, or other troumatic

CERTIFICATION

completely

COUNTRY)

Male

10. CITY OR TOWN OF DEATH

3. SEX

FIRST

I STATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION.

16a WAS DECEASED EVER IN U.S. ARMED FORCES?

13b. COUNTY

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

Calvert

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a),

Md.

Prince Frederick

Canditions, if any, which gave rise to immediate cause (a), stating

Luther 4. RACE

Black

76. CITIZEN OF WH

.S.A.

NAME OF HOS

(IF NOT IN SUCH FA

DUE TO, OR AS

DUE TO, OR AS

Calv

DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 REG. NO.	3 5 7 9
LE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
eid	FREELAND	May 11, 1984	4 6:20 R
ζ	5. DATE OF BIRTH MONTH DAY YEAR Oct. 30.1902	6. AGE (IN YEARS LAST BIRTHDAY) 81 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
at country?		9 BALTIMORE CITY <u>OR</u> COUNT Calvert	Y OF DEATH MD.
CILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADDRESS) [emorial Hospita]	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	17b. KIND OF BUSINESS OR INDUSTRY
RESIDENCE BEFOR		130 STREET ADDRESS / ZIP COD	² 20736
Owings reelan	of 15. MOTHER'S MAIDEN NAV	ME MIDDLE	Reid
SOCIAL SECU	URITY NO. 17. INFÖRMANT	ADDRESS BO	x 93-B
218-14	-7205 Callie F.	Freeland / Ow	ings .Md . 20736
for (a), (b), or	0 - 0	~-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A CONSEQUE	repation Severe	COPD./Ren	ulgalu,
a consequ	JENCE OF		5 months
RIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	entreviar as	ronth mios
N FOR WHICH	H OPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?

underlying cause 2. OTHER SIGNIFICANT CONDITIONS CONT 19a DATE OF OPERATION 19h CONDITIO YES NO YES [

210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19

(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY

CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 20.84 84

220.1 certify that (1) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an. and that in (my) (aur) opinian death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF 1 D PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT)

> Prince Frederick, Maryland 20678

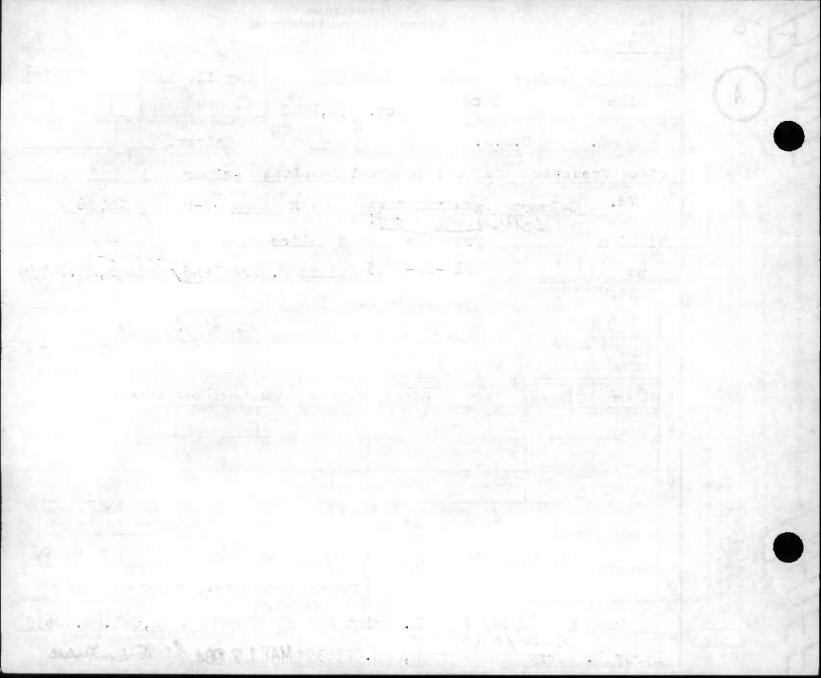
234. NAME OF CEMETERY OR OREMATIONS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION CITY OR TOWN (SPECIFY) Point Church luntingtown.

250. DATE REC'D. 24. FUNERAL DIRECTOR NAME own Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

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BP.



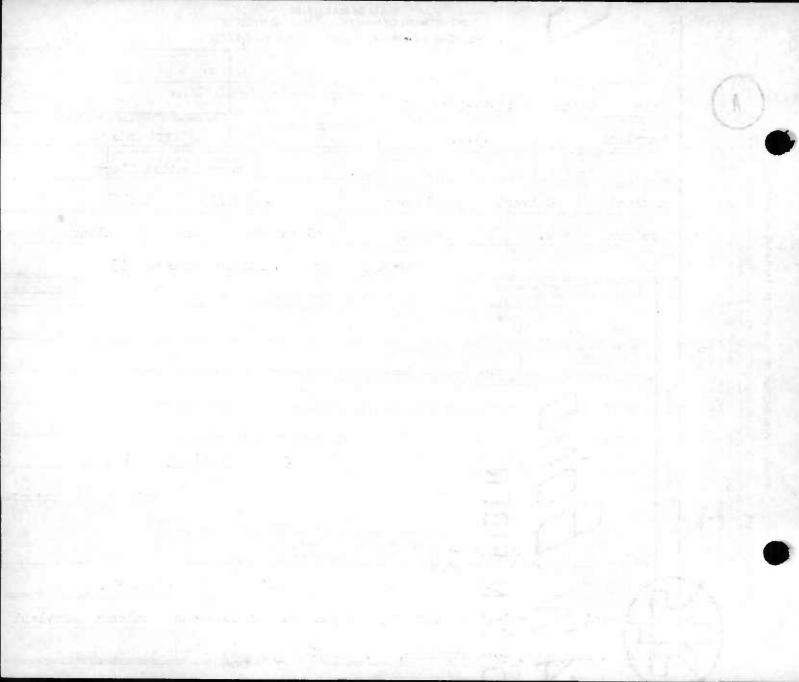
	-	h. 6/5/84 kg FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 4REG. NO. 1	3 5 8 0
		ASED NAME FIRST R PRINT) Mary	M.	HARRISON	28. DATE OF DEATH MONTH DA	D
-3.	SEX	male	White	5. DATE OF BIRTH MONTH DAY YEAR 7	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER 1 YEAR IF UNDER 24 HRS
A 3/5 7a.		HPLACE (STATE OR FOREIGN UNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY O Calvert	F DEATH
n politica m		or town of death ince Frederick	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OF OTHER INSTITUTION ADDRESS) CIAL Hospital	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS O INDUSTRY
13 13 13	u. ST	ATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR VERY 13c. CITY OR TOW VERY OWN TO		13. STREET ADDRESS / ZIP CODE	;
ond 2 sh	FAT	HER'S NAME FIRST	Morek Morek	and Bizabeth	MIDDLE	IZAJ
Poge		AS DECEASED EVER IN U.S. AR 5, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SECU E-WAR OR DATES) 217 - 36		rison owings	5, Md. 2073,
corbon popers, or removol.		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQU	/ Respiratory /	Arrest Shock	BETWEEN ONSET AND DEATH
hen please remove to burial, cremotion jury, or other troum		- 0 - 1	DUE TO, OR AS A CONSEQUE (c) Extended CONDITIONS CONTRIBUTING TO	ENCE OF ATTENTO TO THE TERM	ndovosular Disec	IN PART 1(a)
ows ony in	I I I	90. DATE OF OPERATION	7 8 -100 1	Donde Stoke /	20g AUTOPSY? 20b. IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?
		TO, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER		AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T 1 OR PART 2)
h ond Mentol the ord Mentol the ord Mentol the ord Mentol		WHILE OT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM, ETC.) 211. LOCATION STREET	CITY OR IOWN	COUNTY STATE
for use of Healt		saw the deceased alive an	tal) attended the deceased from 19 19 19 19	, and that in (my) (and) apinion	death accurred on the date and hour of	nnd Iram the causes stated
be detached e State Dept. TANT: If Item		Gerald	P. Sterner		MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED 5/20/84
should be det with the State IMPORTANT:		Gerald P. St		22e ADDRESS Prince Fre	ederick, MD	
23	751	RIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY +. Harmony Churc	howings call	PERT MID
50M 4/83	FUN	VERAL DIRECTOR USCH FUNER	al Home_ ADDRESS (owings, Md. 250 M	AY 25 1984 Lulia Ja	

SHEY WEST TO MAKE SHIP IN THE SHIP SHIP Irings Frederick Calvert Namorial monifori | off military and a first of THE STATE OF THE STATE OF g feed at the content of the content of KENTE, M. AFRICO: MOLYNTRE CHAIR FROM A TIE TO PART TO THE The state of the s Carabia, Sterner, R.P. Prince Prederich, ID We to the properties of the last state of the property of the ALLESCO FORCE LIGHT COLUMN CONTRACTOR AND STREET COLUMN CO

MAY 24 1884 " Linder How

Donald V. Borgwardt Port Republic. Md.

(VR A15 ME (5)) 20M 4/82



STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	STATE REGISTRAR			CERTIF	ICATE OF I	DEATH	8 4	EG. NO.	3	5	8 3
DE:	CEASED NAME THE LIRST		AIDDLE		AST .		2a. DATE OF DE		DAY	YEAR	2b HOUR
	XDOMAKOVOVAX			EDFOR				May	44	1984	4:15 /
5E	X	4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS	LAST BIRTHDAY]	MONI	DER I YEAR	HOURS MIN.
F	emale	White	9	lav	28.	1925	58	YE	RS.	-0	
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED -	9. BALTIMORE	CITY OR COU	NTY OF I	DEATH	
T	ennessee	U.S.	Α.	WIDOWE	D DI	NORCED D		Calvert			MI
0. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HEACILITY, GIVE STREET A		OR OTHER INS	TITUTION	12a. USUAL OCC	MOST OF WORKIN		Zb. KIND OI NDUSTRY	F BUSINESS OR
	nce Frederick		alvert Me		al Hos	pital.	House w	ife			
13a S	AL RESIDENCE (IF NURSING HOME OF	NTY	136 CITY OR TOWN	4	13d. INSIDE C		13e.STREET ADD				10-
_		vert	St. Leona	ard.	YES	S MAIDEN NAM	Box 55E	Macka.	11_R	1. 20	685
4. r/	ATHER'S NAME FIRST Amos Bai	lev	Tylor		Unko	FIRST		IDDLE		LAST	ī
6a \	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECUE	RITY NO	17. INFORMA	ANT		ADDRESS			
(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)									
	No		213-76-	4533	Alma l	Ledford	Cage R	d. ST.	Leo		Md 206
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)_	R AS A CONSEQUE P ETAST/ R AS A CONSEQUE	TIC	CAR	CINONA	OF C	clor		14	EAR
N	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE O	RCONDITION	GIVEN I	V PART 110	o .
CERTIFICATION	19a. Date of operation	196 CONDI	CONDITION FOR WHICH OPERATION			DRMED	200 AUTOPS	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)			
	21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	AIR	M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURR	ED (ENIER NATURE	OF INJURY IN ITEM	18 PART I	OR PART 2)	A 54
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATI STREE		CI	TY OR TOWN		COUNTY	STATE
	220 I certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURI	ot) view the body	72 198	1	DEGREE	ATTENDING PHYSICIAN	, to	STAFF			
	22d PHYSICIAN STAME INVI		n		Te. ADDRES		ederi ck	Mamr 1	and	20678	R

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

medico

injury, or other troumotic event, th

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detoched for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. 18 shows ony

IMPORTANT: If Item 21 is morked or Item

230. BURIAL, CRIMATION, REMOVAL (SPECIFY) Burial

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

24 FUNERAL DIRECTOR Box 34-B Port V. Borgwardt.

23b. DATE

MAY 28 1984

23d. LOCATION
CITY OF TOWN
St. Leonard

Calvert Md

COUNTY

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es that the death certificate be executed within 24 hours ofter death. Page

STATE OF MARYLAND

łν	FOR	DEPA	ARTMENT OF HEALTH AND MENTAL H	YGIENE	70 0 0
Ľ	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	3 3 8 4
	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	EVA	C.	LEITCH	5/1	11/84 115 AM
3. SI	EX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
/	F	CAUC,	MONTH DAY YEAR 92	- 91 YI	MONTHS DAYS HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
	MD.	U.S.	WIDOWED DIVORCED	CALVET	ET MD.
	CITY OR TOWN OF DEATH PREDERICK MI	11. NAME OF HOSPITAL, NU A NOT IN SUCH FACILITY, GIVE S' CALVERT LA		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK II	NG LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
	JAL RESIDENCE (IF NURSING HOME C STATE 136, COU	INTY 13c. CITY OR 1		13e STREET ADDRESS 78	FRIENDSHIP RD.
19	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	IAME	
V.	JOHN	CRO!		E HARRI.	SON LAST
	WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIALS	SECURITY NO. 17. INFORMANT		
	NO	214-3	38-9596 Duckey L	eitch sam	L a5 # 13
	PART I. DEATH WAS CAUS	ATE CAUSE 10)	COUENCE OF	an aves	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WATER
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	TICH OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM	NB. PART I OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased alive or above, (1) (we) (did) (did no	n deceased from 1 of view the body ofter death.	C-11 / /	n death occurred on the date and	hour and from the couses stated
	22b. SIGNATURE	of 1	/	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
	22d. PHYSICIAN'S NAME	OR PRINT	12e ADDRESS PD FG	SED ME	20670

Friendship Church

23d. LOCATION
CITY OF TOWN

Mä

25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and c should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

OR ATTENDING PHYSICIAN: The 10

TO HOSPITAL

retained by the hospital or attending physician.

injury, or other troumotic event, the

IMPORTANT: If them 21 is morked or them 18 shows any

230. BURIAL, CREMATION, REMOVAL
(SPECIFY)

PUTO

24. FUNERAL DIRECTOR

THE CALLE

(SPECIFY)

23b. DATE

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(VR A15 ME (5)) 20M 4/82

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	1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTIAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate the executed within 24 hours after develoined by the hospitol or otherding physicion.
	2 5
DIVISION OF VITAL RECORDS, 201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the received by the hospital or ottending physician.
	TO HOSPITAL OR ATTI

TO FUNERAL DIRECTOR: After this certificate has been ugned by the attending physician and completely filling in should be detached for use as the busiol-transit permit. Their pleans remove corbon papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to busiol, certification or removal.

injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

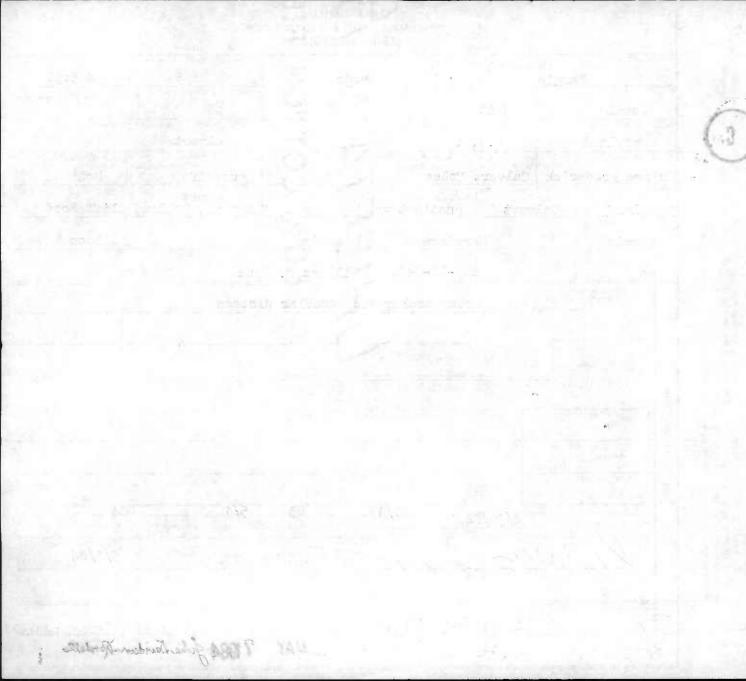
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DHMH - 16 50M 1/81 (VRA 15, 4)

or, page 3 ofter death

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPARTA		ICATE O	D MENTAL HY	YGIENE E	A REG.	vo.	3	5	8	6
	CEASED NAME E OR PRINT)	Ma aggie	rgaret	I.		eade		2a DAT	E OF DEATH	монтн 5	DAY	YEAR 84	26 но 5:30	41
3 SE	X		4. RACE		5. DATE O		MEAD -	6 AGE	LIN YEARS LAST E	IRTHDAY)	IF UNDI	ER I YEAR	IF UNDE	R 24 HRS
Female White						5	1898		85	YRS			, , , ,	Milia.
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY Maryland U.S.A.					MARRIE WIDOWE	77	R MARRIED DIVORCED	9 BALT	MORE CITY Calver		TY OF DE	EATH		MD
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, Prince Frederick Calvert Hou					G HOME (OR OTHER I	NSTITUTION	(TYPE OF	JAL OCCUPA WORK FOR MOST	OF WORKING		KIND O DUSTRY Hon		ESS OR
130.	AL RESIDENCE (IF NURS STATE ryland	136 COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Hunting	N	13d. INSIDI YES 🗌	E CITY LIMITS?		EET ADDRESS		d Cl	iff	Roa	d
	ATHER'S NAME FIRST Morris			arrison		15 MOTHE Nan	er's maiden n nie	IAME	MIDDLE		G	ibsc		
- (VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 219-12-34		17. INFOR	iam E.	Hance	ADD	Same	9.5	#13		
ATION	18 CAUSE OF DEAT PART I. DEATH W 4409 Conditions, if ony, gove rise to imm cause (a), statin underlying cause PART 2. OTHER SIGN 199. DATE OF OPERA	AS CAUSEI IMMEDIAT , which mediate ng the last.	DUE TO, O DUE TO, O DUE TO, O DUE TO, O Cc) ONDITIONS CO	Arteriosc R AS A CONSEQUE R AS A CONSEQUE	NCE OF	NOT RELAT	ED TO THE TER	RMINAL DIS					a	
CERTIFICATION	21a. ACCIDENT WAS UNI		1 21b. TIME C		OT ENATIO		YES NO YES WINJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART IC					CAUSES		TH?
	OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH DA	YEAR			THE TEN	ER THAT ORE OF SEA	OKT BY IIEM TO	0 7 461 1 04	7 761 27		
MEDICAL	21d INJURY OCCURI	RED	21e PLACE			211. LOCA STR	TION		CITYOR	OWN	cc	YIMU		STATE
	220.1 certify that (1)				9/19	nd that in (n	ny) (aur) apinio	n death occ	1 curred on the	date and h	., 1984 our and f		that (1) (, ,
	17h SIGNATURE	AME ITHES	le	w	~	22e ADDR	ATTENDING PHYSICIAN RESS		CAL ST.	AFF ICIAN []		/1/8		
23a E	BURIAL, CREMATION,	REMOVAL	236. DATE 5-4	- SH 1231 N	IAME OF C	emetery c	R CREMATORY	23d. L	OCATION CITY OR TOWN	atou	COUN	Cch	Jest .	STATE
24 E	NERAL DIRECTOR	FUNE	H long	ONE ADDRESS	will	75 m	DMAY	ATE REPO	RY REGISTA	2 Dave	STRAR'S	Rind	100	î



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etained by the haspital ar

BP.

the funeral director, page 3 with the safer death

completely filled in

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

executed within 24 hours after death. Page 4

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4.3	
22	43- 110
V	REG. NO.

١,	FOR			DEPART	MENT OF H	EALTH AND MENTAL HYG	IENE				.50	-
1	- STATE REGISTRAR				CERTIF	CATE OF DEATH	8	REG. NO.		3 3	8	1
	ECEASED NAME	FIRST	M	IDDIE	L/	AST	20. DATE OF	DEATH M	HINC	DAY YEAR	26. HOU	R
(146	PE OR PRINT)	ral	De	WC	MULT	ZMI		MAY 2	7 10	984	3.1	l na ^M
3. SE			RACE		5. DATE O	F BIRTH	6. AGE (INY	EARS LAST BIRTHE	(YA	IF UNDER 1 YEAR	IF UNDER	24 HR5
1	Male	- 0	Caucas	ian	Apr		57	7	YRS	MONTHS DAYS	HOURS	MIN.
7a. E	SIRTHPLACE (STATE OR)	FOREIGN 7b.	CITIZEN OF V	VHAT COUNTRY?	8 MAPPIET	NEVER MARRIED	9. BALTIMO	RE CITY OR	COUNTY	OF DEATH		
l	Jest Viro	inia	U.S.	A	WIDOWE		Cal	vert	Count	tv		MD.
10.0	CITY OR TOWN OF DEA	ATH 11.		OSPITAL, NURSI		R OTHER INSTITUTION	120. USUAL C	OCCUPATION	7	126. KIND C)F BUSINE	SSOR
	Prince Fre	derick	Calv			Hospital	Dwr		TORKII TO LII	Exca	vati	on (
	JAL RESIDENCE (IF NURS	ING HOME OR OTH		THE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET A	ADDRESS / Z	IP CODE	Lot 2	21,2	069
	aryland	Charl			Plair		Rt.	301,	Bla		Trai.	ler
	ATHER'S NAME				Herri	15. MOTHER'S MAIDEN NA	ME	MIDDLE				
V	Trov	MIDE	DLE	Mull	ins	Nettie		Pear]		Joi	nes	
	WAS DECEASED EVER	IN U.S. ARMEI		166. SOCIAL SEC		17. INFORMANT WIFE	-	APPRES	Inrf	, Md.		01
V.	(YES, NO OR UNKNOWN)	(1F YES, GIVE W	AR OR DATES)	233-38	_LADE	The state of the s						
-		W.E.der enline				2/			\	APPROX	IMATE INTER	VAL
	18 CAUSE OF DEAT PART I. DEATH W			de la sa	11/1	d Nuis	C017	Lind	11	GETWEEN	ONSE! MILE	DEATH
	5715	IMMEDIATE C	AUSE 10/21	CERRO	dece	y wares	CA	ALPIN	3			
	0 112		DUE TO, OR	AS A CONSEQU	ENCE OF	,						
	Conditions, if ony gove rise to im-		(b)	***					_			
	cause (a), statii	ng the	DUE TO, OR	AS A CONSEQU	ENCE OF							
	- /		(c)									
1	PART 2. OTHER SIG	NIFICANT CON	NDITIONS <u>CO</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEAS	E OR CONDI	TION GIV	EN IN PART 1	0	
CERTIFICATION								ancwo I	DOL OF ME	LATERE EINIDA	Non Hori	
2	19a. DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTC			S, WERE FIND! FYING CAUSES		
1							YES 🗌	NO	YE		NO [
Ü	21a. ACCIDENT WAS UN		21b. TIME OF	A. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY	IN ITEM 18 F	PART T OR PART 2)		
₹	OR CONTRIBUTING		P.A		19							
MEDICAL	21d. INJURY OCCUR		21e. PLACE C			21f LOCATION		CITY OR TOW	7	COUNTY	5	TATE
2	WHILE NOT W		(AT HOME, STRI	EET, FACTORY, OFFICE.	FARM, ETC }	JACC.						
	22a.1 certify that (ottended the	deceased from	AUG	UST 19 75	10 19	18-y 2	7	19.89	that (I) (v	we) lost
	saw the deceas above, (1) (we)	ed olive on	may	27 19	84 . 01	nd that is (my) our) opinion	death occurre	d on the dot	e ond hou	or and from the	couses sto	oted
	22h. SIGNATURE	did (did not) v	iew the body	ofter deoth.		DEGREE	101121			22c. DATE	SIGNED	
	Dula	10	AL	5		ATTENDING	MEDICAL	STAFF		51	27/	89
+	22 d. PHYSICIAN'S N	AMA LIVE OF PR	INTI) XIII	V-/	PHYSICIAN [DIRECTOR	LI PHISICIA	414	010	1//	4
1												
		R. A1 B				Prince Fr						
230	BURIAL, CREMATION,	, REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCA	ORTOWN		COUNTY	8.8 4	TATE
	Burial		5-30-	-84 T	rinii			ldorf		arles	, Md	•
24	FUNERAL DIRECTOR					25a. DA1	TE REC'D. BY R	REGISTRAR 2	. REGIST	TRAR'S SIGNA	TURE	10.

DHMH - 16 50M 4/83

(VRA 15, 4)

Waldorf Huntt Funeral Home.

Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

Males (to region | Selection | distances and statement of the statement Total medical control for the control of the contro cryland Charles white Flatne x at. 301, distr's TrailerCt senso frost efficie entitles to your Pirere, Nr. Porter til man er enttim mitem grælettett ett som en entre til arried a-10-64 rinks are, a te clear, derles, to A company of the contract of t

20M 4/82

TO DECEASED NAME (IFFE OMERINT) WILLIAM Van PITCHER 3. SEX 4. RACE S. DATE OF BIRTH MODIT 1. SEX 1. SATE OF BIRTH 1. SATE OF BIRTH MODIT 1. SEX 1. SATE OF BIRTH MODIT 1. SEX 1. SATE OF BIRTH MODIT 1. SEX 1. SATE OF BIRTH MODIT 1. SATE OF BIRTH MODIT 1. SEX 1. SATE OF BIRTH MODIT 1. SATE OF MARKED MODITOR TOWN OF DEATH PTINCE Frederick (Calvert Memorial 1. SATE MODITOR TOWN OF DEATH PTINCE FREDERIC (CALVERT MEMORIAL NURSING HOME OR OTHER INSTITUTION MALE OF MARKED OF MARKED MODITOR TOWN OF DEATH MILE CHYOR TOWN MALE 1. SATE MODITOR TOWN OF DEATH MALE MAL		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYGIENE (AMINER'S CERTIFICATE OF DEA)			FOR STATE	1 - 5
William Van PITCHER 3 SEX RACE S. DATE OF BIRTH S. DATE OF BIRTH S. AGE (IN TAX) S. DATE OF BIRTH S. DATE OF BIRTH	REG. NO. SAN YEAR			FIRST		
MALLE No. 10 1 1929 54 YRS.	ESTI- MATED 05/11/ 184		Van	William	OR PRINT)	
Male	E MONTH DAY YEAR				4. R	. SEX
II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 172 USUAL OCCUPRED 110 USUAL RESIDENCE 110 UNITY OF MORE SUCHE ADDRESS 110 USUAL RESIDENCE 110 UNITY OF MORE ASSIGNATED	D 19	54 YRS.				Ma
IDECTIVE OR TOWN OF DEATH IDEA	ert County,	WIDOWED DIVORCED		laryland h	RTHPLACE (STATE)	7a. BIR
MILE AND STATE 13b. COUNTY 13c. CITY OR TOWN 13c. STREET ADDR MILE 13c. STREET ADDR MILE 13c. STREET STREET ADDR MILE 13c. STREET STREET STREET ADDR MILE 13c. STREET		rial Hospital Wate	11. NAME OF HOSPITAL, NURSING (16 NOT IN SUCH FACILITY, GIVE STREET A CALVETT Memor	ederick	ince Fre	10. CIT Pr :
FIRST Prances Barry The Shirley Pitcher The Shirley Part of Shirley	20615	R TOWN 13d. INSIDE CITY LIMITS? 13e. STREI	TY 13c. CITY OR 1	13b. COUNTY	TATE	30 ST Md
Yes (Fee, NO, OR UNKNOWN) (Fee, S, G) & WAR OR DATES) 216-24-1322 Elizabeth Pardoe I 18 CAUSE OF DEATH (Enter only one cause per lips for (o), (b), ond (c)) PART 1 DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate cause (o) stating the underlying couse lost. Part 2 DTHER SIGNIFICANT (DNDITIDNS (DNIRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (ONOITION GIVEN IN PART 1 in). Part 2 DTHER SIGNIFICANT (DNDITIDNS (DNIRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (ONOITION GIVEN IN PART 1 in). Part 2 DTHER SIGNIFICANT (DNDITIDNS (DNIRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (ONOITION GIVEN IN PART 1 in). Part 2 DTHER SIGNIFICANT (DNDITIDNS (DNIRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (ONOITION GIVEN IN PART 1 in). Part 2 DTHER SIGNIFICANT (DNDITIDNS (DNIRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (ONOITION GIVEN IN PART 1 in). Part 2 DTHER SIGNIFICANT (DNDITIDNS (DNIRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (ONOITION GIVEN IN PART 1 in). Part 2 DTHER SIGNIFICANT (DNDITIDNS (DNIRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (ONOITION GIVEN IN PART 1 in). Part 2 DTHER SIGNIFICANT (DNDITIDNS (DNIRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (ONOITION GIVEN IN PART 1 in). Part 2 DTHER SIGNIFICANT (DNDITIDNS (DNIRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (ONOITION GIVEN IN PART 1 in). Part 2 DTHER SIGNIFICANT (DNDITIDNS (DNIRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (ONOITION GIVEN IN PART 1 in). Part 2 DTHER SIGNIFICANT (DNDITIDNS (DNIRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (ONOITION GIVEN IN PART 1 in). Part 2 DTHER SIGNIFICANT (DNDITIDNS (DNIRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (ONOITION GIVEN IN PART 1 in). Part 2 DTHER SIGNIFICANT (DNDITION GIVEN IN PART 1 in). Part 2 DTHER SIGNIFICANT (DNDITION GIVEN		Emma Frances	cher	cley Pitche	an Shirl	V
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230. BURIAL, CREMATION, REMOVAL 236. DATE 230. NAME OF CEMETERY OR CREMATORY 230. LOCATION CITY OR TOWN	MINER DATE SIGNED	Homicide Undeter TITLE (SPECIFY) MEDIC ADDRESS Prince I	R. A1-Banna, 35 DATE 23c. NAM	y that I tack charge of d from: Notural a language of the Notural la	22a I certify the deoth resulted for the second sec	73a. BU
	Island Calvert Md.	250. DATE REC'D BY		TOR	Burial	24. FU

detigned telegram drawled detrologic rectri A Section Service ALTERNATION STATES TO STATE OF STATES AND ST A-matical and ASS OF LINES ASS

TO HOSPITAL OK ATTENDING PHYSICIAN: The law requires that the death certificate by executed within 24 hours after retained by the haspital or attending physician.

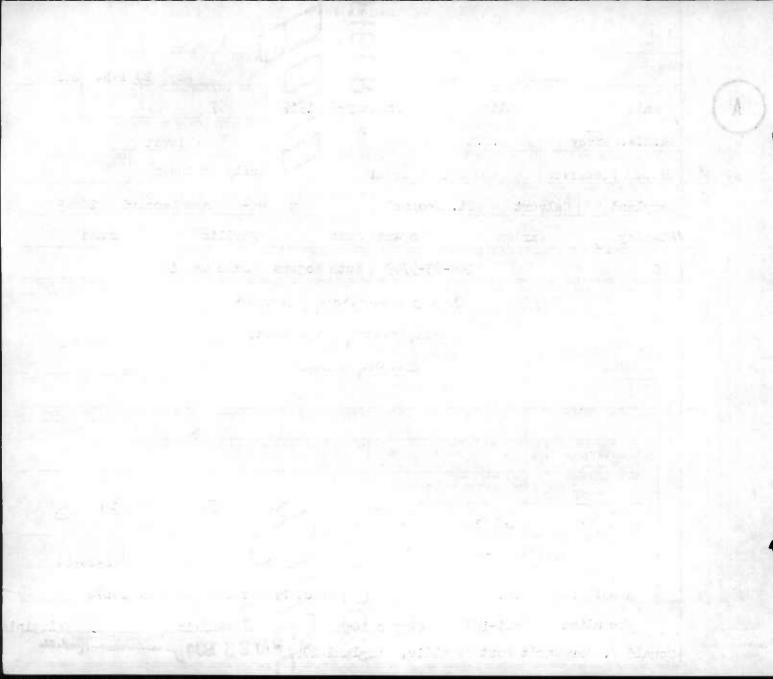
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached far use as the burial-transit permit. Then please remove corbanpopers: Faqui with the State Dept. of Health and Mental Hygiene prirar to burial, crematian, ar remavol. IMPORTANT: If Item 21 is marked or Item 18 Thus any injury, ar ather troumotic event, the medic

STATE OF MARYLAND

- STATE REGISTRAR				TMENT OF H	ICATE OF DEATH	8	REG. NO.	1	3 3	8	9
DECEASED NAME	EIRST		MIDDLE	L	AST	20. DATE O		H DAY	Y YEAR	2b. HOUR	A S
(TYPE OR PRINT)	Stan	lev	Warden	ROGI	ERS		May	20	1984	8:50	٨
. SEX		RACE		5. DATE C		6. AGE (IN	EARS LAST BIRTHDAY)	· · · · · · · · · · · · · · · · · · ·	UNDER TYEAR	IF UNDER ?	
Male		White		Janu	iary-7 1917	6	7	YRS.	INTHS DAYS	HOURS	MINL
BIRTHPLACE (STATE OF COUNTRY) New YEARS		U.S	WHAT COUNTRY	2 8	NEVER MARRIED	9. BALTIMO	RECITY OR CO	UNTYO	F DEATH		W
rince Fred		(IF NOT IN SUC	HOSPITAL, NURS CHEACHITY, GIVE STREE Land Me	ET ADDRESS)	DR OTHER INSTITUTION	Saity	occupation keer most of work Enginee	KING LIFE)	12b. KIND C INDUSTRY	F BUSINES	SSOR
SUAL RESIDENCE (IF NUI 30. STATE Maryland	136. COUNT	Υ	136. CITY OR TO St. Lec	WN	13d. INSIDE CITY LIMITS YES NO 🔀		ADDRESS / ZIP Cape Le	code onar	d 20	0685	
stanley		arden	LAST R	logers	Ruth FIRST	Phyl]	is		Barnes	5	
IN WAS DECEASED EVE		ED FORCES?	166. SOCIAL SEC		17 INFORMANT		ADDRESS				
NO OR UNKNOWN)	(IE 1ES, OIVE	WAR OR DATES	140-03-	9749	Ruth Roger	s Same	as #13				
Canditians, if an	y, which	((b)		UENCE OF	on fuil	UNC					
	nmediote ing the se lost.	DUE TO, O (c) ONDITIONS CO	R AS A CONSEQUENT OF THE CONTRIBUTING TO	UENCE OF CEMP	NOT RELATED TO THE TI		DPSY? 20b.	IF YES, V	WERE FINDI	NGS USED	
gove rise to in cause (a), state underlying cause	nmediote ing the se lost.	DUE TO, O (c) ONDITIONS CO	R AS A CONSEQUENT OF THE CONTRIBUTING TO	UENCE OF CEMP	NOT RELATED TO THE TI	ERMINAL DISEAS	DPSY? 20b.	IF YES, V	WERE FINDI	NGS USED	1?
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DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH 1. DECEASED NAME MIDDLE (TYPE OR PRINT) May 15, 1984 Yvonne Mariette SERVANT 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH 4. RACE YEAR 03 903 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Calvert WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION Calvert Memorial Hospital TYPE OF WORK FOR MOST OF WORKING LIFE) Prince Frederick BEAUTICIAN USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? HUSTING TOWN 2838 YES | 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE INF 17. INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: neumonia IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 O CERTIFICATI 700 AUTOPSY 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION morked or CITY OR TOWN STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 27a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive of , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated we the body ofter death 226 SIGNATURE DEGREE MEDICAL ATTENDING STAFF Should be detor PHYSICIAN [DIRECTOR PHYSICIAN MPORTANT: 77d. PHYSICIAN'S NAME (TYPE OR HILL) 22e. ADDRESS Prince Frederick, Maryland Charles A. Judge, M.D. 23a. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TUNERAL HOME OWING

250, DATE REC'D. BY REGISTRARI256, REGISTRAR'S SIGNATURE

7b. HOUR

12b. KIND OF BUSINESS OR

OrmANO

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO I

STATE

IF UNDER I YEAR

AONIHS DAYS

INDUSTRY

YES [

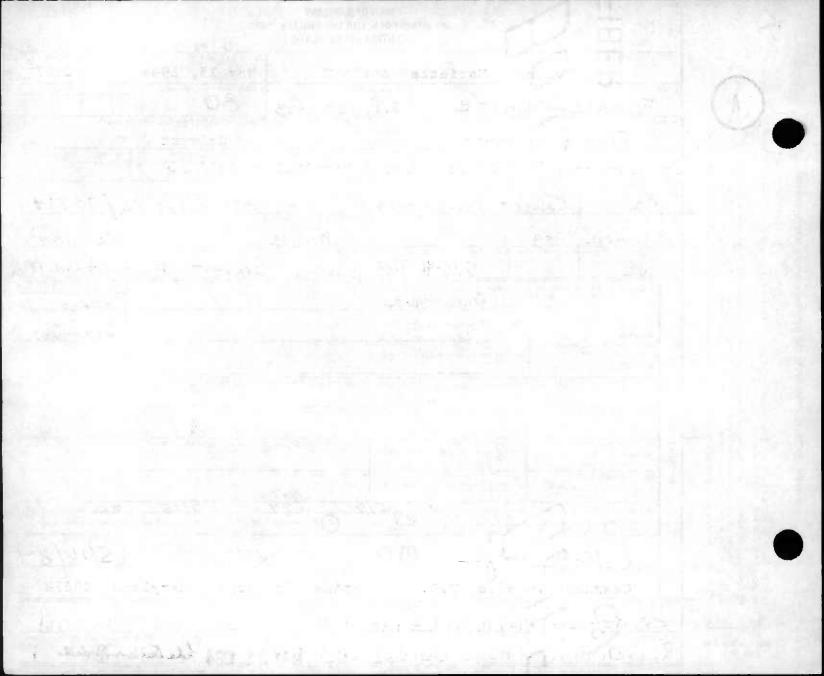
COUNTY

22c. DATE SIGNED

20678

2:47

IF LINDER 24 HRS



7		FOR 1 - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 REG. NO.	1 3 5 9 1
		1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
9	e o o o o o o o o o o o o o o o o o o o	(TYPE OR PRINT) Samue	el S	SHAFFER	May 30, 1984	8:08 Pm
m &	ar. pas	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	A STATE OF THE STA	FE. BIRTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNTRY	7 7 7 7	9 BALTIMORE CITY OR COUN Calvert Coun	ITY OF DEATH
	300	Prince Frederic	NOT IN SUCH FACILITY, GIVE STRI		126 USUAL OCCUPATION (TYPE OF WORKING	12b. KIND OF BUSINESS OR
BALTIMORE, MARYLAND 21201		USUAL RESIDENCE (IF NURSING HO		ORE ADMISSION) 13d. IN SIDE CITY LIMITS? YES NO D	THE BAKER RI	DE 21629
MARYLA		M. FATHER'S NAME FIRST VALENTINE	MIDDLE SHAFFEI		MIDDLE	WISE
IMORE,	Poges 1	(YES, MOOR UNKNOWN) (IF YE	S. ARMED FORCES? 166. SOCIAL SE 21736	CURITY NO. 17 INFORMANT & W. A. M.	THUGH LUST	
7 4	physicio n papers. maval. vent, the	PART I. DEATH WAS CA	er anly one cause per line for (a), (b), AUSED BY: DIATE CAUSE (a) Prew	ond (cu) Monta		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON ST	attendi ave car tian, ar	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause los	b (b) CONSEC	QUENCE OF BET TUETIVE		
	signed Then pla to buria njury, o		ANT CONDITIONS CONTRIBUTING T	<u>O DEATH</u> BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1 to
L RECORDS,	on. permit. ene prior	19a DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 21d. INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION STREET

COUNTY STATE CITY OR TOWN

NOT WHILE AT WORK

MEDICAL

21a. ACCIDENT WAS UNDERLYING

saw the deceased alive an May 30 above, (I) (we) (did) (did not) view the body after death.

that (I) (we) last and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated

22b. SIGNATURE

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e. ADDRESS

Charles Bennett 23b. DAJE 23a. BURIAL, CREMATION, REMOVAL

DEGREE

Maryland 20657 23r. NAME OF CEMETERY OR CREMA

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR.

should be detach with the State De IMPORTANT: If It

FAMILE FARMING THE CHRISTING DENTILL IN THE BAKERKO STAZA VALEDTURE SHAFFER DELILAR WISELY 2173623 3838777 6 MAYNUEN LOSSIMON THE CONTRACTOR OF THE PARTY OF Company ABN 0 NOL 4 TO BUS THE STATE OF THE 10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

and campletely fills

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely fishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sharwith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

injury, or other troumatic event the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

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1		

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	B REG. NO	0.	3 5	9	2
	CEASED NAME E OR PRINT)	PIRST DA	FIE	LDS	TUR	NER	MAY	29	, 1984	26 HOL	A M
3. SE	× FEMALE		4. RACE WHITE		S. DATE C	10.74	6. AGE YN YEARS LAST BIR	YRS.	ONTHS DATS	IF UNDER	MIN.
K	ENTUCKY		U.S		WIDOWE		BALTIMORE CITY OR COUNTY OF DEATH				
N	ORTH BEACH		708"W	TWA'TUMA'A	NUE'	OR OTHER INSTITUTION	ACCOUNTANT	ON PEWORKING LIFE)	126. KIND O	COAS!	
130.	AL RESIDENCE (IF NURS	13 ALY	ERT I	GIVE RESIDENCE BEFOR	CH	13d. INSIDE CITY LIMITS?	708 WALNET	AVENU	E 20	7/5	
14. F.	AMOS T		MIDDLE	FTELI	OS	15. MOTHER'S MAIDEN NA	MIDDLE		MUNC'Ÿ	at .	
	MAS DECEASED EVER OS. NO OR UNKNOWN)		RMED FORCES?	230-14-		IDA MARIE BU	RTON 9717 L		AVE. M	IANAS	SAS,
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MEDICAL CERTIFIC	210. ACCIDENT WAS UN OR CONTRIBUTING UP EITHER NOTHY MED 21d. INJURY OCCUR WHILE NOTW AT WORE 220.1 certify that (1) saw the decease above.	CAUSE OF DI CALEXAMIN RED HILE SEX	P. 21e PLACE (AT HOME, ST	M. MONTH D M. OF INJURY REET, FACTORY, OFFICE.	54 , ar	211. LOCATION STREET , 19 20 and that in (April (our) opinion DEGREE ATTENDING PHYSICIAN	CITY OR TO	YES ONLY IN ITEM 18. PA ONLY IN ITEM 18. PA ONLY IN ITEM 18. PA	COUNTY	that (I) (STATE STATE ated
23a.	BURIAL, CREMATION,	REMOVA	L 23b. DATE JUNE	1, 1984 \$	NAME OF C	270 ADDRESS EMETERY OR CREMATORY FALL MEMORY GA	236 LOCATION RDENS IT OF MANA	SSAS,	PINZE	M VA	STATE

BP DHMH - 16 50M 4/B2 (VRA 15, 4)

resoined by the hospital or ottending physicion.

RAUSCH FUNERAL HOME

24 FUNERAL DIRECTOR

OWINGS, MD

250. DATE REC'D. BY REGISTRAR 256. REGISTRARS AGE

Hearty Miller

(VR A 15 (4))

MAY 25 BPA JULY AND 25 YAM

death. Page 4 may be within 24 haurs after

FOR

STATE OF MARYLAND

1 -	- STATE REGISTRAR		DEFARIN		ICATE OF DE	ATH	8	REG NO		3	5 9	2
	CEASED NAME FIRST FOR PRINT) Mabel		uline V	VILLE	AST T		May 27		MONTH 1	DAY YEAR	5:30	
3. SE	× Female	4. RACE Negr	·o	5. DATE O	DAY	932	6. AGE (INY	EARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER	24 HRS. MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY) Marvland	USA	WHAT COUNTRY?	WIDOWE		ARRIED		vert (County			WE
Pr.	ince Frederick	"CaTve	HOSPITAL, NURSIN	Parts H		UTION		OCCUPATION FOR MOST OF BEWIFE	WORKING LIF	12b. KIND C INDUSTRY	OF BUSINE	SS OR
13a :	Maryland Cal	or other institution. INTY .vert	GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Pr. Frede			10 🛣	Rt. 1		ZIP CODE 148-0		678	
	ATHER'S NAME FIRST Moses	WIDDIE	Gross		Anni	RST .e	AE .	B.		Hei		
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECU	RITY NO.	Herbert		tt 16	Mago		Sch. Rd	MATE INTER	Md
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	(b) DUE TO, O	R ASA CONSEQUE R AS A CONSEQUE DINTRIBUTING TO B	ACE OF S	Carrain torsin		CONVI	x e	DITION GIV	appr appr	ox.	K,
CERTIFICATION		phleb	ITION FOR WHICH	-202	ver (Felv	200 AUTO	PSY?	20b. IF YES	, WERE FINDI	NGS USEL OF DEAT	TH?
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.	FINJURY M. MONTH DA	YEAR	21c HOW INJ	JRY OCCURR	YES D	NO		S ART I OR PART 2)	NO [
MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARM ETC)	21f LOCATION	٧		CITY OR TO	WN	COUNTY	S	STATE
	220.1 certify that (I) (this has saw the deceased alive a above (1) (we) (did) (did in the Signature)	n ot) view the body	19	, 01	nd that in (my) (o	TENDING .	MEDICAL	STAF	te and hou			
	Zahir Yousaf	1	22e. ADDRESS	Trade				20678	-/	10/		

23c. NAME OF CEMETERY OR CREMATORY

Carroll Western Cem.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by I should be detached for use as the burial-transit permit. Then please remave carbanpopers. Pages 1 and 2 should be filled with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar removal.

ATTENDING PHYSICIAN: The law

injury, ar other troumatic event, the medical

MPORTANT: If them 21 is marked or them 18

24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

Burial

Spencer E. Sewell Box 31, Prince Frederick, Md

23b. DATE

23d LOCATION
CITY OR TOWN
Barstow

Calvert

Md

STATE

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

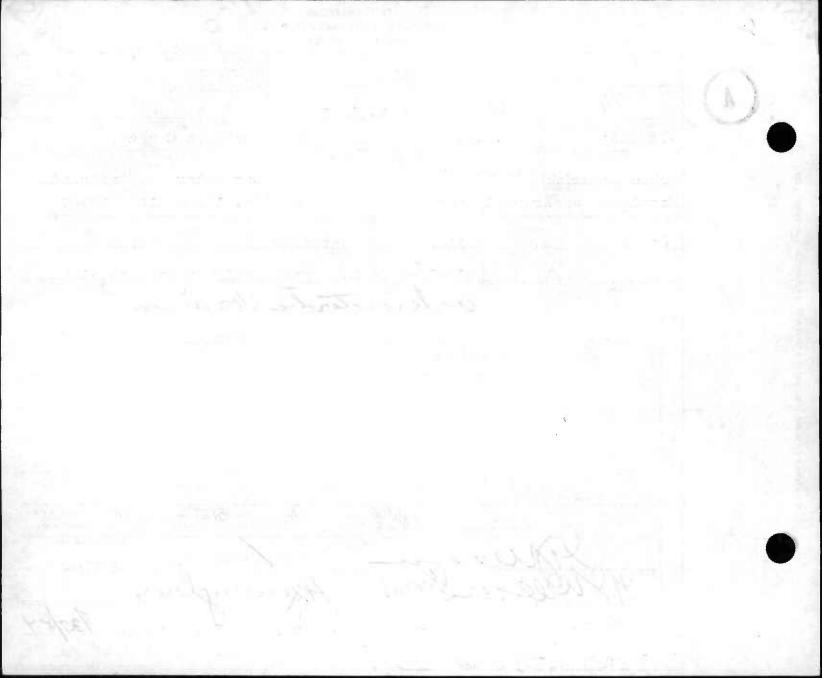
May 30,1984

SEE TO SEE OFFICE STAND u a 9. A similar of l Symple of the second of the se 3 75 1 5 American Millett 16 Magosby oil 38. Sactories and Education of the State of the Travelil section in meridan former /6 . With land

Special Concil and It, Fried Credorici, A concile

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de retained by the hospital or attending physician.

10		,	FOR			DEPARTA		E OF MARYLAND IEALTH AND MENTAL HYG	IENE						
		' -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	A REGIN	0.	7	0 5			
			CEASED NAME FIRS	17	A	MIDDLE		AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR A			
8 8 8			Ewin	ıg _		W:	illis		05/27/84			10:30 m			
1 3		3. SE	no	4 RACE	E i .)	5 DATE (6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS			
	1		""		U		Oct		78	YRS	ATT DATE	IIOOKS MK			
neral q	35	VS BI	RIHPLACE (STATE OR FOREIGN DINTRY) Inia		WIDOWED TO CITIZEN OF WHAT COUNTRY? WARRIED □ NEVER MARRIED □ WIDOWED DIVORCED □			('a \700\chi ('a)\n+\70							
by the fu	90		ince Frederi	11. NA	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2. LVETT HOUSE			176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Carpenter Railroad							
(Illied in	35	USU	AL RESIDENCE IN NURSING H	nArun	other institution, give residence before admission) Tundel Laurel 134 Inside city Limits? Yes no f			RETREET ADDRESS			707				
104	An	14 FA	THER'S NAME	WIDDLE		LAST		15. MOTHER'S MAIDEN NA							
Table 2	1500	J	ames	R.		Willis		Narcissus	MIDDLE	Ost	orne				
exa P	10		VAS DECEASED EVER IN U.	S. ARMED FO		166 SOCIAL SECU	RITYNO	17 INFORMANT	ADDRE						
Page Page			No N		UNIES	413-10-	-395	L. Genell	McVicker	Same	as #1	13e			
yaich yaich	line o		18 CAUSE OF DEATH (En	ter only one c	ause per		16					MATE INTERVAL ONSET AND DEATH			
d ph	atic		PART I. DE ATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Or Uroselershie Vos dease												
ndin arbo	on, or rem traumatic	1	DUE TO, OR AS A CONSEQUENCE OF												
atte ove c			Conditions, if ony, while		(b)										
the the	cremation or other		gove rise to immedio cause (a), stating th	he DU	JE TO, OF	R AS A CONSEQUE	NCE OF								
ad by	rial, r	- 2	underlying cause last (c)												
en signe	r to bu	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART												
as be	prio	CERTIFICATION	190 DATE OF OPERATION	196	CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN				
	giene 8	TIE							YES NO	YES	ING CAUSES	NO [
hysician certifica al-transit	lental Hyg or Item 1		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAL	OF DEATH H	TIME OI	M. MONTH DA	Y YEAR	211 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	EY IN ITEM 18, PAR	T I OR PART 2]				
tending After thi	th and Me marked o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK			OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE			
OR: Se as	Healt 1 is 1		22a.l certify that (1) (this				95/0	5	10_05/27_	, 19	84	that (1) (we) last			
pital ECT for L	em 2		sow the deceased all above, (1) (we) (dip) (d	ve an U)	1/25 the body	ofter death.	340	nd that in (my) (our) opinion o	death occurred on the di	ote and hour o	and from the	couses stated			
he hos	e Dept		22b. SIGNATURE	1X1	1)	0 0 -		DEGREE ATTENDING	MEDICAL STA	FF C	22t. DATE	SIGNED			
by t ERA	State		224 PHYSICIAN SNAME	TYPEOR PRINT]		111		PHYSICIAN I	DIRECTOR PHYSIC	JAN []	05/27	/84			
retained b	MPORTANT:		91 XU	Sec	n	1 see	ms	Hue	elengle	own					
	> - \	23a. B	URIAL, CREMATION, REMO					EMETERY OR CREMATORY	37 (OCALIDIA	C	OUNTY 5	1/2 -1/2 1			
BP		24 5		OV 17	/30,	/84 Ly	vy H	ill Cemeter	Laurel.	Mary	nd 7	27/87			
DHMH-1			INERAL DIRECTOR FLE						REC'D. BY REGISTRAR	REGISTRA	4 20	nde 92			
(VRA 15,	4) 1//9	16	01 Sandy S	princ	g Ro	Laurer	Md	IAVA	291084	TO NOTION	William P. Mar				



executed within 24 haurs after

and 2 sh

pua

physician

attending

remove carbanpapers. Pages

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remave a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

ATTENDING PHYSICIAN: The ar attending physician

etoined by the haspital

BP

TO HOSPITAL

IMPORTANT: If Item 21 is marked ar Item 18 shaws

or removal

injury, ar ather traumatic event, th

1.	3	
	201	
	LAND 21	

STATE	OF	M	RYL	AND

1	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	SIENE 8 LINEG.	NO.	3 5	96
	CEASED NAME	FIRST		AIDDLE	1	LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR
	Etne.	T ALD	erta Wo	odburn			May 30,19	184		12:15 PM
3. SE	x Female		4 RACE White	Э	5. DATE (MONTE 12-		6 AGE (IN YEARS LAST E		MONTHS DAYS	HOURS MIN.
(IRTHPLACE (STATE OR FO OUNTRY) aryland	PREIGN		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY Calvert	OR COUNTY	OF DEATH	MD.
	ince Frede		11. NAME OF H		IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Housewife	T OF WORKING LIF		OF BUSINESS OR
130. Ma	ryland	13b. COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Solomons	N	13d INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRES	S	20688	3
C	olumbus	D	ean	Woodbu		15 MOTHER'S MAIDEN NAI FIRST Emma.	MIDDLE		nes	51
6a \	WAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	220-44-8		Doris Johnso		ns, Ma		20688
	18 CAUSE OF DEATH PART I. DEATH W. 4360 Canditions, if any, gove rise to imm couse to imm cous	AS CAUSEI IMMEDIAT which rediate g the	D BY. E CAUSE IO)	0 0	O R	ESPIRA TO Vascula	RY Al	er est	7 BETWEEN	IMATE INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2. OTHER SIGN Source: 190 DATE OF OPERAT	Chr	enie o	reeni	Posa	NOT RELATED TO THE TERM YOU N WAS PERFORMED	200. AUTOPSŸ?	20b. IF YES	S, WERE FINDING CAUSES	NGS USED
MEDICAL CEI	21g. ACCIDENT WAS UND OR CONTRIBUTING CHETHER, NOTIFY MEDICA	AUSE OF DEA	P.,	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18, P	ART I OR PART 2)	
MED	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	RK		EET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR T		COUNTY	STATE
	220. I certify that (I) saw the decease above, (I) (we) (d	d olive on.	5	30/ 108	, 01	nd that in (my) (our) apinion i	death occurred an the	date and hou	r and fram the	
	22b. SIGNATURE		4 .			DEGREE	/		22c. DATE	SIGNED 114

1 Munsh 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

7/20/0

ANWAR MUNSHI. m

PRINCE FREDERICK MD 20675

230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 6-1-1984

23c. NAME OF CEMETERY OR CREMATORY Solomons Methodist Solomons

1350. DATE REC'D. BY REGISTRAN 250-REGISTRAN'S SIGNATIVE DAY

11111 4 1984

11111 4 1984

23d. LOCATION

Maryland

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR V. Borgwardt Port Republic, Maryland 20676 JUN

